

Case Number:	CM14-0098521		
Date Assigned:	09/19/2014	Date of Injury:	10/14/2008
Decision Date:	04/13/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old male, who sustained a work related injury on 10/14/08. The diagnoses have included status post lumbar fusion, rule out pseudoarthrosis, rule out lumbar radiculopathy and spinal stenosis. Treatments to date have included oral medications, lumbar spine surgery in 9/2011, epidural steroid injections without benefit, MRI lumbar spine completed on 4/15/14 and an EMG completed on 1/23/14. In the PR-2 dated 4/29/14, the injured worker complains of ongoing, aching and burning low back pain. He has numbness and tingling that radiates down his right leg to toes. He states he has numbness and tingling in his left foot. He rates his back pain a 7/10. He states prolonged walking or standing makes pain worse. He states his medications help to decrease his pain, help to decrease muscle spasms and improve his physical function. He has tenderness to lumbar musculature, left greater than right. He has spasm noted along the lumbar paraspinals. Lumbar range of motion is decreased in all planes. Straight leg raise is positive in both legs. On 6/16/14, Utilization Review non-certified a request for a CT scan of lower back. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CT SCAN, LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The request for CT scan of lumbar spine is not medically necessary. The patient is *s/p* lumbar surgery and had a recent MRI. The MRI was approved to assess his lumbar pain and paresthesias. The patient also had electrodiagnostic testing. There is no need for a CT lumbar to assess for bone anatomy of the lumbar spine. An MRI is better able to assess for nerve impingement than a CT and the CT will unlikely add any additional beneficial information.